

PLEASE FILL OUT THE INFORMATION BELOW TO ASSIST US IN OBTAINING PROPER SERVICE.
WE MUST HAVE A PHONE NUMBER TO REACH YOU IN CASE THERE ARE ANY QUESTIONS.

PRO-SE PLAINTIFF / ATTORNEY DROP-OFF INFORMATION SHEET

BILLING PARTY (PLAINTIFF OR ATTORNEY)

MAILING ADDRESS:

NAME

STREET OR P.O. BOX

APT# _____ FLOOR # _____
IF APPLICABLE

CITY, STATE, ZIP CODE

PH: (_____) _____ - _____ BEST # TO REACH YOU WITH QUESTIONS

DEFENDANT'S (PARTY BEING SERVED)

FULL NAME & STREET ADDRESS FOR SERVICE:

(If serving an individual, provide residential address because we usually do not serve someone at work address – *****NOTE: If work address is provided, in hand service is required FOR ADDITIONAL FEE*****)

NAME

STREET

APT# _____ FLOOR # _____
IF APPLICABLE

CITY_STATE_ZIP

PH: (_____) _____ - _____

****LIST ANY SPECIAL INSTRUCTIONS HERE**
TO ENSURE PROPER SERVICE**

**Please note that special instructions
MUST BE IN WRITING
(NO verbal instructions accepted)**

******PLEASE INCLUDE BOTH A SERVICE ADDRESS AND A MAILING ADDRESS FOR PERSON BEING SERVED******

FOR OFFICE USE ONLY:

- Serve By: _____ at _____:_____
- RUSH
- Court Date is _____
- Request we return by mail
- Return Original to the court
- Call for Pick Up
- Hold for Pick Up
- IN HAND SERVICE IS REQUIRED

Total Amount Due: \$ _____

Method of Payment (check one):

- WEBPAY
- MONEY ORDER
- AFFIDAVIT OF INDIGENCY (FEE WAIVER)

RECEIVED BY: _____
INITIALS